

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

Registration District No.

Primary Registration District No.

Registrar's No.

379

=62-010016

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

15110  
25110

3

4 0

5 1

6

7 0

8 2

9/51X

10

11

12 90-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED APR 9 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Agency

Length of stay in 1b  
life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Inside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN Agency

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

DENNIS

L.

STAGGS

4. DATE OF DEATH

Month

Day

Year

March 25, 1962

5. SEX  
male

6. COLOR OR RACE  
white

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7/27/1888

9. AGE (last birthday)  
73

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
farmer

10b. KIND OF BUSINESS OR INDUSTRY  
farm

11. BIRTHPLACE (City and state or country)  
Agency, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Thomas J. Staggs

Ella Lewis

May Staggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT  
Mrs. May Staggs, Agency, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Barcinomatosis - generalized

INTERVAL BETWEEN ONSET AND DEATH  
6 mo

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Barcinoma Stomach

1 yr

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-11-61, to 3-25-62 and last saw her alive on 2-28-62  
Death occurred at 4:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

C. S. Grant M.D.

St. Joseph Mo

4-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

23b. DATE  
3/27/1962

23c. NAME OF CEMETERY OR CREMATORY  
Agency Cemetery

23d. LOCATION (City, town, or county) (State)  
Agency Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Neeta Bowman St. Joseph, Mo.

April 6, 1962

Mrs. Clare Handell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Eugene Wood*

Licensed Embalmer No. \_\_\_\_\_

*3804*

P. O. Address \_\_\_\_\_

*319 5th St, St. Joseph, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.